

# CLAIMS ONLY

Application Number

10/814445

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend						
1			/				51					
2				/			52					
3				/			53					
4				/			54					
5				/			55					
6				/			56					
7				/			57					
8				/			58					
9				/			59					
10				/			60					
11				/			61					
12				/			62					
13				/			63					
14				/			64					
15				/			65					
16				/			66					
17				/			67					
18				/			68					
19				/			69					
20				/			70					
21				/			71					
22				/			72					
23				/			73					
24				/			74					
25				/			75					
26				/			76					
27				/			77					
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29				/			79					
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34				/			84					
35				/			85					
36				/			86					
37				/			87					
38				/			88					
39				/			89					
40				/			90					
41				/			91					
42				/			92					
43				/			93					
44				/			94					
45				/			95					
46				/			96					
47				/			97					
48				/			98					
49				/			99					
50				/			100					
Total Indep			3				Total Indep					
Total Depend			25				Total Depend					
Total Claims			28				Total Claims					